THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXV. Wednesday, October 27, 1841. No. 12.

AMPUTATION OF THE THIGH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Within a few days past I have made my eighty-fourth and fifth operations of amputation of the thigh. All these operations have been made in my private practice, during the period of 34 years. The cases occurred principally in the northern portion of the State of New York. I made many amputations of the thigh, while attached to the U. S. Army, during the late war. I cannot state the number, or detail their causes. I am able to state the causes which made amputation necessary in my private practice, and the results following the operations. Eleven of these operations were on females, and seventy-four on males.

2 Cases of Fungus hæmatodes.
3 " Necrosis, under the age of 10 years.
2 " Osteo-sarcoma.
3 " White swelling of the knee-joint.
1 " Periostosis and destruction of the tissues of the knee-joint.
—
11 Females.

23 Cases of Necrosis, commencing on the femur, or tibia, and involving the knee-joint.
7 " White swelling of the knee-joint.
6 " Spina ventosa of the tibia, involving the knee-joint.
10 " Fungus hæmatodes, principally located in the lower leg.
8 " Compound fractures of the thigh, with contusions of the knee and leg.
4 " Divisions of arteries and nerves by incised wounds.
3 " Aneurisms of arteries of the thigh.
8 " Mortification, following contusions of the thigh and leg.
5 " Fractures of the tibia, with dislocation of the ankle-joint, and contusion of the tissues, producing tetanus and mortification.
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74 Males.

There was an entire recovery in all the female cases, from the operation of amputation. Those with fungus hæmatodes died within three years after amputation, with tuberculated state of the lungs.

Out of the 74 cases of amputation of the thigh on the males, two died within twenty-four hours after the operation—one from secondary hemorrhage, and the other from extreme feebleness at the time of the operation; no re-action followed. Nine died from the suppurative process on the stump following the operation, occasioned by venereal and scrofulous taints of the system; remained in a feeble state from five to twenty months, and died. The other 54 entirely recovered from the operation, and were healthy.

Those with fungus hæmatodes, who suffered amputation for that affection, passed under visceral disease (the lungs and mesenteric glands), and died within four years after the operation, though apparently healthy for the first year or two.

Four that suffered with white swellings, after amputation declined, and perished with pulmonary consumption after four years.

For the first few years, in operating, I was governed by the directions laid down by C. Bell in his first work on operative surgery. In all cases where a limb was to be lost, from any sudden accident, I advised and practised immediate amputation, or before much re-action or inflammation commenced. I made the operation by a circular incision, as directed by Mr. Bell, turned back the integuments, and divided the muscles by applying the knife under the supported integuments; commencing on the inner margin of the vastus internus, and carrying the knife obliquely upward, making one sweep through the whole muscles to the bone, which bared the bone two or three inches higher than by the perpendicular incision. These incisions were expedited by an assistant elevating the parts as fast as they were divided, and using a retractor for the application of the saw. I usually dissected the muscles from the bone about an inch, and removed the periosteum only at a point for the saw. This mode of operating generally occupied from three to five minutes, and the dissection and turning up of the integuments gave the patient great pain. To secure the arteries, I always used the tenaculum of a small size, and a ligature of two flaxen threads well waxed, and left flat, on the large arteries, and one thread on the small ones, and secured every artery that threw out blood. After this, brought down the integuments and muscles over the bone, and secured with adhesive straps, six inches long; placed thick dossils of lint over these, and compresses and roller over the whole, so as to make an easy support to the parts. If spasms followed upon the stump, producing much agony, I let blood and gave opium. I used the animal ligature in some cases, tortion, and other means recommended for securing arteries, but have always succeeded best with the thread.

Although I always had success with the circular incision, and process, as mentioned, in the first thirty cases of amputation, yet I afterwards occasionally operated by making two flaps, by dividing the integuments in a circular manner with a large scalpel, down to the muscles, and turning them back, and then dividing the muscles as in the circular operation. This mode subjected me to a serious difficulty. The bone would incline to rise and protrude towards the opening at the upper part of the limb.

In a majority of the last twenty cases of amputation of the thigh, I have operated by making the flap-amputation; passing a narrow, double-edged knife, and cutting from the bone outward on each side, making two flaps. These are semi-circular, their convexities extending in a parallel manner forward, and their terminations meeting at the upper and lower surface of the limb, where the knife entered and passed out.

I have operated a few times by cutting in a semicircular manner from the surface to the bone, making two flaps. This gives more pain to the patient than the mode of cutting from the bone outward. The painful part of the operation, viz., cutting the soft parts, can be made in the first manner very quick, and the patient saved from much distress. The time occupied by me generally, in ordinary cases, is from thirty to forty seconds, and in every instance a quick union of the flaps and sound state followed by the first intention.

I have met with no instance of nervous irritation, or difficulty in securing arteries, after operating in this manner, as recently reported by some. In emaciated cases, I should still prefer the circular operation; but in this matter I should advise every operator to consider the nature of his case, and adjust means accordingly. AMASA TROWBRIDGE.

Watertown, N. Y., October, 1841.

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—*ESSAY VI.*

[Continued from Vol. XXIV. page 425.]

NOTWITHSTANDING that a tropical climate and a summer season are usually the inseparable concomitants of yellow fever, yet there are, in sporadic cases, exceptions. Hereditary, constitutional, or acquired predisposition to receive certain morbid impressions, will prevail over the necessity of contagion, infection or season. And thus it is, that individual causes and cases set at naught all general rules. We ourselves have seen highly bilious symptoms with black vomiting in December. And one of the best described cases of yellow fever in New York, which we have seen, occurred in January, to which the physician was called on the eleventh day of that month. The patient, a fine, neat girl (in a family noted for regularity), aged 17 years, had at first almost continued chills and shiverings, succeeded with tremor, *without* chills or any sense of cold; and what is very often found, but very seldom described, *pain in the whole skin.* She had an unusual yellowness, with yellow eyes, and her blisters discharged a yellow serum. Her ejections and dejections became quite black. She had derangement, subsultus, hiccups, black vomit, and died on the tenth day from the first visit of her physician, Dr. Seaman.

The season of winter prolongs the approaches of death of summer fevers. The season of summer procrastinates a fatal termination of winter epidemics. A crisis is sometimes a skin moist and warm; sometimes an increased expectoration; sometimes a copious sweat; sometimes a diuresis; sometimes diarrhœa; and sometimes death. When all the elements are at peace with man, man is usually at peace with all the elements. But as the bodies of men are of elementary composition, when heat is extreme, cold intense, winds devastating, rains inundating, or droughts drying up all moisture, and the solar rays exhaling putrescent steams, man feels the force of febrile commotion. Animal nature in man, the favorite of Heaven, seems in some years particularly exempt from all malediction. But in other years his species are not screened from all the ills to which flesh is heir. The cold of Wilna will destroy the Neapolitan, as Buonaparte's expedition to Russia fully proved; and the hot steams of Naples will prostrate the Scythian.

There are seasons in which man, other animals, and vegetables, seem all alike to flourish. But there are other years in which that which seems propitious to the growth of grass and grain, deals destruction upon a large scale to animal health. Such, in almost all parts, was the year 1803. The islands of the Mediterranean, the south of Europe, and the country parts of America, and some of its cities, evince, by the monuments and records of the dead, a year of unusual mortality. It seemed as if the North was transported to the South, and felt the effects of a tropical climate. The thermometer ranged from eighty to ninety degrees,* and for several hours in the day was not below the latter, and sometimes higher than the former, in July. Some provinces in Spain suffered severely by fever. The equatorial winds seem to have overcome all the refreshing breezes of the North, and to have blown with a constant current from the South. And this not locally, but generally, in both Europe and America. Yet, as if there was reason in those theorists who suppose that the miasm of one year may be retained in the body until the next year, it is singularly striking that in 1804 mortal epidemics appeared on high hills and other locations where they heretofore had never been known. And this, although the latter year was cool in the summer, cold in the winter, and without any remarkable variations of temperature at any time.† The news from the West Indies, and from Charleston, in 1803, announced no unusual sickness there. The southerly winds seem to have carried pestilence from the South to the North. Smallpox, natural and inoculated, as also kinepox, were remarkably mild and manageable—serving to show that nature, that year, had transferred the outlets of human life into other channels, but still giving warning, by oppressive calms, or more prostrating southerly winds, that disease and death were not sleeping visiters. In Philadelphia the heat and profuse rains made the climate there "perfectly tropical." Yellow fever appeared almost simultaneously in that city and in New York, about the 20th of July. Still, previous and present causes predominated in that season over the thick buildings and fogs of cities, and spread the fomes of yellow fever all over the country; and could memory, monuments, and the record of deaths, with their causes, be strictly analyzed, we should find in that year a case or more of yellow fever in most towns in the United States; whilst in our large cities the mortality was not in anywise comparable to what it had been in those years in which it did not spread through the country.

There are erroneous impressions among us as to yellow fever being a stationary disease in the West Indies. Mr. Eckhard, Danish Vice Consul at Philadelphia, in 1804, who had previously resided nearly twenty years in the island of St. Thomas, speaks upon this subject in a manner which is confirmed by others, and which it is believed is entirely correct. He says, "the *fever never spread to the inhabitants at large, but was confined to persons recently arrived from northern climates, and to those on board vessels in the harbor*."[*] And he further states another important fact, when he says—"I never heard of a single instance of any person who had resided for some years in the island, being afflicted with malignant fever." He then adds—"a residence of nearly twenty years in the island, enables me to speak positively as to this fact." Mr. Eckhard had looked well into the subject, for during his residence at St. Thomas, a number of deaths of young men from northern climates had occurred in his own house.[†] We do not know that the opinion is entertained there, that persons coming from northern climates, who are so apt to have malignant fever, when the inhabitants there are healthy, bring the fever with them. But we were deeply struck with the account that strangers were ordered to quit the city of Charleston, in some seasons, on account of their being attacked with what is there called *the stranger's fever*. We believe, however, that the Creoles have as much reason to impute the introduction of fever among them to those from the higher latitudes, as Dr. Chisholm had for its being brought from the African island of Boullam, in 1793, into the island of Grenada; or that the French physicians had for calling it *La Maladie de Siam*, because it appeared at Martinico in 1685, at a time some vessels were there from that part of the East Indies.

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* In both New York and Philadelphia.

† This was not the fact at the South, however, the climate there being highly tropical.

If we look into Dr. Robertson's History respecting the discovery of America, and the early voyages of Columbus, Ovanda, and others, we shall find that the Spaniards suffered sickness and mortality in Hispaniola and other West India islands. But we believe that it will be difficult to find any positive account of their having found the natives sickly, until they were first sick themselves. We know that contrary inferences have been drawn; but inferences and facts are sometimes very different things.

In the numerous instances which we have seen of the attempts to refer the yellow fever to importation from the West Indies, into our Atlantic cities, we do not recollect one in which any proof was adduced of the reign of it among the acclimated inhabitants of those islands from whence the suspected vessel came. There have, to be sure, been numerous examples of the crews of northern vessels having sickened there, sickened on their way home, and after they got home or into port. But such cases are to be referred to the tropical climate from whence they came, and not to the healthy population of the port from which they sailed.

Hippocrates, Celsus, Aretæus and Trallian, may be referred to as not having mentioned any such source of disease as contagion. Dr. Mosely says that it was unknown to the ancients who studied nature, and that it was the nonsense of Fracastorius. Dr. Mead, however, may be adduced as its great modern champion. Dr. Hosack, whose general opinions we respect, contended for contagion in yellow fever. But still he did not think it so much so as to spread in pure air, or without bad and local exhalations to conduct its virus. Now it is well to consider that one person will spoil a gallon of air in a minute when it is pure, and the weather cool. How much will be added to pestilential fomes from this source in a tropical, calm season of drought, merits consideration. The breath of a multitude in a crowded, infected part of a city, when winds do not blow nor rains fall, is to be suspected as adding fuel to flame. Fire engines, then, to throw plenty of water upon the roofs of all the buildings, and even into the air of yellow fever districts, would seem to promise more towards disinfecting them, than any other means. Covering the earth of such places with lime, has been tried in New York without any benefit. Heat, putrescent miasm, and a dense population, have been supposed sufficient to produce yellow fever without contagion. Still, if we admit Dr. Hosack's opinion to be correct, these three causes must combine in order for his supposed contagion to spread. All parties would, upon this point, then be in unison, and the causes should if possible be remedied. We would produce an artificial rain, with fire engines. And as a means of individual prevention, we would advise every person, in an infected district, frequently to use the warm bath. Indeed we think that warm bathing has been far too much neglected in the cure.

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[*] Italics his own. In the tropical regions of South America, the Indians, as Le Blond tells us, escape yellow fever.

[‡] See a Letter to James Mease, M.D., in Med. Repository, Hexade II., Vol. I., p. 336.

Of bloodletting we have an exalted opinion in some cases, especially where inflammation can reasonably be supposed to be of the phlegmonous kind. But it is to be suspected that the implicated viscera, when any local viscera is implicated, is affected in many, perhaps in most cases, with the erysipelatous species of inflammation, in which bleeding is as pernicious as in typhus fever, and in which the plan of Dr. Miner, of treating yellow fever with *calomel* and *opium*, is immensely to be preferred. We would not, however, by any means omit the warm bath. And to quiet nausea, burning and distress at the stomach, we would break ice into small pieces, throw them into water for a short time to melt off the sharp points, and let the patient swallow them in a tablespoonful of milk or lime water.

Whatever may be the most rational theory of the proximate cause of fever, one of its most constant proximate effects is a dry skin and suppressed perspiration, which continually add to that inward heat which has already begun to burn the vital viscera. Hence by restoring perspiration by means of warm bathing, we open an innumerable number of avenues on the surface, to emit and expel the inward devastating flame, as well as the morbid poison of contagion, infection, or whatever name is given to the occasional cause of the fever.

Cold countries are liable to more diseases than warm ones. But in the United States we are subjected to tropical complaints in summer, and arctic ones in winter. Influenza often denotes the invasion of more serious and more mortal epidemics. But not always, as it sometimes denotes their cessation; as did that of 1815–16, which seemed to check the progress of pneumonia typhoides, and typhus or spotted fever, which had prevailed for the six, eight, or more preceding years. But these latter fevers were in the southern States ushered in by that influenza which denoted their cessation here.

As we have mentioned bloodletting, one or two further observations respecting it now occur. If the yellow fever in any given case is inflammatory, the loss of blood must be proper, unless it can be ascertained that the inflammation is of the erysipelatous kind. If, therefore, the buff on the blood evacuated is white, or light yellow, it may be decided on that phlegmonous inflammation is present; and more especially if it becomes cupped. But if the buff or pellicle be of a lead or pigeon color, the lancet must be cautiously used, as such a color denotes a diathesis which does not bear that evacuation well; as does also a pricking or mordicant heat of the skin.

Entire suppression of alvine evacuations, which does not yield to cathartics in increased doses, is a fatal sign, and in every case should be foreseen and prevented by repeated changes of cathartic medicine. We have been too apt to rely alone on particular and favorite kinds of cathartics. An emetic in a dose sufficient to prove cathartic, is a mode of treatment calculated to prevent a succeeding torpor of the bowels. Still, when the first symptoms of it occur, we should resort to the relaxing powers of warm bathing, either by immersion, which is best, or by blankets wrung out of hot water, in which the patient should be wrapped.

A very quick pulse, even if it is full, marks rather an erysipelatous than a phlegmonous diathesis. But in such a pulse, other attending signs and states of the system must be considered.

We believe that emetics, by their universally agitating every secretory organ, are the best preventives of the non-secretion of urine, which hitherto has proved a fatal symptom. In one of the cases of recovery upon record in which black vomiting, hemorrhage, coma, black tongue, black stools, cadaverous perspiration, with thread-like pulse, vomiting of blood, singultus, delirium, and lying on the back with the knees drawn up, occurred, an emetic had been given in the early stage. The respiration at one period of this case was heavy, and so slow that about half a minute intervened between each, and which was attended with a "rising of the breast very much." But a swelling of one of the parotid glands took place, which seemed like a gleam of life in an army of death, and final recovery ensued.[*] We knew a case of yellow fever ourselves, in which a swelling of the submaxillary glands, against a host of morbid symptoms, ended in the safety of the patient.

"Silly delirium" has been a common attendant on diseases not dangerous. But in yellow fever it has occurred as a companion of alarming import, and the very usher of death itself. Yellow eyes and yellow skin, although usual, are not universal.

In a salivation, which has, when it could be produced, insured safety, spongy gums have ensued. And in one instance, in the course of forty-eight hours, six pounds or more of blood from the mouth have been discharged; and the patient recovered.[†] Indeed, as before observed, we have known a dangerous, but not a fatal, hemorrhagy from salivation.

Alkalies have been given to alleviate that extreme distress of the stomach which renders the situation of the patient truly pitiable; and sometimes with good effect, when acidity has been present. But even in this case we think that there is to be ſound in dilute nitric acid a ſar superior remedy, and one ſar more congenial to the general state of the system, and better adapted to counteract the morbid action going on in the first passages, which alkalies do not reach.

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[*] The case referred to occurred at Catskill, N. Y., and is given by Dr. Benj. W. Dwight.

[†] Ibid.

In pertinacious vomiting, a blister to the præcordia must never be omitted. But in this case, the dilute acid just mentioned, in teaspoonſul doses, with a ſew lumps of ice of the size of a pea, will be ſound useſul and grateſul adjuvants. In cases of hemorrhage we would substitute diluted vitriolic elixir, instead of the nitric acid. But we would not trust to that or any other remedy without accompanying it with liberal doses of opium, in some ſorm or other; and that ſorm of all others to be preſerred, is the sulphate of morphia, in doses of one eighth to one ſourth of a grain, combined with sugar of lead, repeated every two hours till the hemorrhage ceases, or very much abates.

One word as to acids. Some have had a violent craving ſor them, but never ſor alkalies. And aſter the latter have been tried in all their ſorms, as well as absorbents, the nitric acid will be ſound, however we may account ſor it, a better remedy ſor a sour stomach than any one or all of them.

The yellowness, in yellow ſever, is to be looked ſor at first about the angle of the lower jaw, and in some cases may be ſound no where else. The whole surface will be in some cases rather dingy, than specifically yellow.

In cases not severe, nor definitely marked, nor of a very high inflammatory grade, calomel and opium cannot be too highly extolled. It is one of the properties of calomel to excite the urinary secretion, and to increase the urine; indications very important to be ſulfilled in yellow ſever. Low delirium, stupor and coma, are best relieved by opiates. When the skin is very hot, we like the good old Hippocratic method of applying linen to the surface wet in cold water, rather than the cold dash. When ſriends ſear that the patient will take cold by this external ſebriſuge, there can be no kind of objection to the addition of spirits to the water, which by increasing the evaporation, increases the cooling process.

Aphthæ may be treated with vegetable acids; but we can speak here, again, more in praise of a very dilute preparation of nitric acid, than of any other remedy. The peel of lemon may be steeped in the water with which it is diluted, and then, iſ sweetened with refined sugar, a very agreeable, cooling anti-emetic beverage is produced. We have given it in cholera with decided advantage in arresting the vomiting, as well as in ulcerated sore mouth. Citric acid may sometimes, however, be preferable, if there be great heat, and its mode of action is to be referred to the same principles. In hiccups, an emetic of ipecac. is very much to be relied on, succeeded by the effervescing draught, made with citric acid.

Cloths wet in warm spirits and vinegar, applied to the bowels, may be used to aid the operation of cathartics. And where much difficulty occurs, croton oil must be applied near the umbilicus, and injections of assafœtida administered. We regard this article as important where spasm is the cause of retarded motion, but spirit of turpentine may be added iſ torpor is suspected.

As a general febrifuge, we esteem eight grains of nitrate of potash and the same quantity of cream of tartar, given in very fine powder and washed down with sage tea, that the solution may take place in the stomach, as highly estimable.

But after all, the distress at the præcordia, or cardialgia, which we have repeatedly referred to, will be found most complained of by the sick, and most perplexing to the practitioner. Resort must be had to the blue pill, to quinine, to lime-water, to alkalies and absorbents. But we view the latter as only removing the effect, without touching the cause, and that the nitric acid will be found preferable both by patient and physician. In one case a powder in which turpeth mineral—*yellow sulphate of mercury*—was the active ingredient, in doses of about one and a half grains, did more than anything else we could devise. Its *modus operandi* was doubtless that of producing a *contra-stimulus,* or counter-action. It did not puke the patient. It was combined with pulverized allspice and cinnamon. The two latter ingredients were adopted by the suggestion of an aged physician. The patient had malignant bilious fever.

In threatened mortification, bark must be our resort in preference to quinine or any other tonic.

Relapses have sometimes been frequent, and were so prone to recur under the tonic plan, that a contrary practice has of late been adopted. It is that of frequently inducing *catharsis*, during convalescence ; upon the principle that morbid secretions continued, and were wont to enkindle the fever anew. Rhubarb and magnesia may in most cases be sufficient, but the occasional addition of a few grains of calomel, when yellowness of the skin and eyes continue, or return, cannot with safety be omitted—the patient's strength being at the same time supported with wine, white or red, as he prefers, and either clear, mixed with water, cold or warm, in toast, in whey, or with milk, as symptoms and the patient's preference dictate. A feeble remedy of a new kind may do more than one more powerful that has long been tried.

As to the diet proper for those recovering from fever, let it be at once considered that relapses, and even death itself, have proceeded from a small quantity of indigestible food. The trophies which many a practitioner seemed about to win from extremely dangerous cases, have, when their patients seemed on the point of complete recovery, been suddenly snatched away by the kindness of friends, but sometimes by the patient privately obtaining improper articles ; and again, perhaps most frequently, by the tender feelings of the physician being excited by importunities, which he thought might without great risk be granted. But the best way is, in a matter so vitally important, to err on the safe side, and run no risk. I never can forget the case of a gentleman who came home sick of yellow fever from the island of Grenada, and after having been on the very borders of the grave, had recovered from every dangerous symptom, when by eating a small piece of apple pie, his life was thrown into the most imminent danger. I was then very young in practice, and although he finally recovered, the lesson taught made too deep an impression ever to be obliterated.

Tonics cannot be with propriety omitted. Still it must ever be borne in mind that they are slow in operation to do good; but if they disagree, they are speedy to do mischief. Wine is better than bark, as it does not constrict. It is better than opium, as it does not constipate. It is better than any other remedy to raise the spirits sunken by sickness, and the pulse by inanition. And if diluted and given warm, or in whey, it supports the system, and tends to fulfil that all-important indication of keeping up a due perspiration.

DYSPEPTIC ASTHMA.

BY H. A. ROODS, M.R.C.S.L., LONDON.

THE discovery, by Dr. Marshall Hall, of the reflex action or function of the nerves, will doubtless enable physiologists to explain many phenomena heretofore deemed inexplicable. By reflex action I understand the property possessed by a nerve of transmitting an impression made upon the extremities of one of its branches to the extremities of another branch, whereby an effect is produced on the part to which such impression is conveyed, similar to that which would have followed had the impression been made directly upon the extremities of the branch thus secondarily affected.

The knowledge of the fact that the nerves are endowed with this power, or function, will enable us to understand how it is that the chief pain in disease of the hip-joint is often referred to the knee; and how certain affections of the uterus occasion pain in the back, hips, and lower members, &c. &c.; so the distribution of the branches of the pneumogastric nerve will serve to explain why cough should result from the presence of crude indigestible substances in the stomach. May it not also afford us some assistance in our inquiries concerning the causes and pathology of asthma?

Most of your medical readers must have observed the almost instantaneous effects which sometimes follow the administration of opium and other medicines in cases of asthma, and which, from their rapidity, must necessarily be produced through the medium of the nervous system; and if a curative effect can be produced on the lungs by an impression made upon the gastric branches of the eighth pair of nerves by a medicinal agent, we cannot reasonably doubt that a morbid impression made on the same branches, may, in like manner, occasion morbid effects in the tissues to which the pulmonary branches are distributed.

It is probable that some peculiarity of organization obtains in the lungs of persons subject to spasmodic asthma, which may be considered the predisposing cause of the affection; but the exciting cause, or that which operates in producing a paroxysm, and which is occasional or accidental, we can perhaps discover and guard against. It is well known that attacks of this affection occur in all states of the atmosphere, whether it be dry, humid, warm or cold; and that neither of these states renders the attacks either more or less prevalent, which is at least a negative proof that the exciting cause of paroxysms of spasmodic asthma does not reside in the atmosphere; and unless it can be shown that the direct application to the mucous membrane of the air-passages of particles of some noxious (gaseous or other) matter, will and does produce an asthmatic paroxysm, we may fairly conclude that the exciting cause operates indirectly; and that such is the fact, I have a strong conviction resulting from the close observation of the phenomena attendant upon or constituting this affection, in those cases which have come under my notice. In the case of a gentleman who has been for many years subject to attacks of spasmodic asthma of a very severe character, and for whom I have long been in the habit of occasionally prescribing, the attack has invariably appeared to have been the result of, and occasioned by, errors in diet; if he partook freely either of veal, salted meat, pastry, or various other edibles, an embarrassment of the respiratory functions, to a greater or less degree, usually supervened about half an hour or an hour afterwards; and although many slight attacks of this description passed quickly off, yet they frequently increased in intensity, and terminated in extremely violent paroxysms of spasmodic asthma. The inference drawn from these facts is, that the paroxysms alluded to resulted from a morbid impression made on the gastric branches of the pneumo-gastric nerve, which impression was conveyed through the trunk and pulmonary branches of this nerve to the mucous membrane of the air-passages, where it produced some functional derangement, the effects of which were the phenomena constituting the malady in question. The effect of remedies observed in this case would also lead to the same conclusion; sedatives of various kinds, as the lobelia inflata, morphia, &c., when given, mitigated, in some measure, the severity of the symptoms; the attack, however, rarely, if ever, passed off entirely, until the bowels had been acted upon. The most efficient remedy in this case was an aperient, of which rhubarb and magnesia were the chief ingredients; saline substances being occasionally added, in the more severe paroxysms, to increase the activity of the dose. This gentleman now generally carries in his pocket some compound rhubarb pills, of which he takes one or two in the event of a threatened attack, and often apparently with the decided effect of warding off a paroxysm. I have found aperients equally beneficial in other cases of this affection. Neither drastic purgatives, nor strong doses of saline medicines, usually prove advantageous; nor is venesection (so far as I can judge from the instances in which I have known it practised) productive of present relief or permanent benefit in these cases. As the nature and causes of asthma are confessedly not yet clearly understood, the foregoing observations may possibly possess some interest.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 27, 1841.

AMERICAN JOURNAL AND LIBRARY OF DENTAL SCIENCE.

With the commencement of the second volume of this unique periodical, published in Baltimore and New York, we feel it incumbent on us to

speak of its character, its influence, and its claims. If it had been announced, a dozen years ago, that a journal was about being published, exclusively devoted to the interests of dentistry, very likely the most judicious amongst us would have spoken of the impossibility of sustaining it, even if there were materials for filling its pages. Such a journal, however, does exist, of ample dimensions, and generous in all its expressions towards men in other pursuits. It is distinctly scientific in its character—and thus it carries its own recommendation to those who might apprehend that such a work would be made the instrument of a cunning or ambitious individual, who would not only use it for his own personal influence, but also convert it into an engine of oppression towards those whom he might wish to keep out of sight. No such feeling has ever been even remotely manifested. The Journal breathes nothing but a fervent disposition to distribute knowledge, and raise the brotherhood to an equal level of scientific eminence and respectability. The result of its influence, together with that of the Dental College, on the character of the dental profession in the United States, must therefore be incalculably beneficial. It will also tend to purge the land of all pretenders to dentistry. The public sentiment accords most harmoniously with the efforts of the leading members of the new dental association. People will not have their teeth ruined by an ignoramus, because they can perceive his skill by the manner of operation, however willingly they may swallow boluses that sap the foundation of health. In short, this Journal forms an era in modern dentistry, of which those devoted to the business, may well be proud. Not to encourage this publication, now published under the auspices of the American Society of Dental Surgeons, is an evidence of being behind the age, and denotes wilful ignorance of the rapid improvements in that important department of science. Physicians and associations should order it for the two-fold object of personal improvement and encouragement of the worthy proprietors.

Death of Mr. Elijah R. Mears.—A young gentleman of this name, of great worth and promise, who had nearly completed a course of medical studies, and was well known to the professional visiters and patients at the Massachusetts General Hospital, died in this city week before last, a memoir of whom we are desirous of obtaining. Not having had the good fortune to know Mr. Mears, and not having any data even for the construction of such an obituary notice as is obviously due to the memory of a very excellent young man, we solicit a short biographical sketch of his life from some one of his many associates.

Borrowed Books.—Gentlemen having books in their possession, borrowed of the editor, or from the Journal office, are respectfully requested to return them. We have a library of most singular aspect—being, to a melancholy extent, made up of odd volumes. This has been brought about by lending books to oblige friends, and they having forgotten to return them. The guests of Al Raschid, none being invited but those who had lost one eye, could not have appeared more striking, than will our library, in the sequel, if we should be unfortunate in recovering those parts which are missing. We are always happy to accommodate those who ask, with the use of new medical works; but it is certainly right and proper that they should be sent home in season. Again, we place an intrinsic value upon the autographs of the authors of very many of our books. We therefore hope that those who may have it in their power, will, in the spirit of kindness, aid in recovering them. There is another inconvenience resulting from their absence, sufficiently cogent to warrant us in asking for them, without any apology: it is necessary to have them at hand for ready consultation at all times.

A Medical Traveller.—Dr. Charles Matthews, who left the United States about fifteen years since, with a view to make discoveries in the interior of Africa, writes to a friend in Vermont, from Abyssinia, that he shall return in the summer of 1842, and that he has been generally successful in his researches. He had travelled from Morocco across the Great Desert, to Timbuctoo, and from that capital nearly to the Cape of Good Hope, back to Timbuctoo, and to Abyssinia, besides making several less important journeys, which had added much to his knowledge of the geography of the country and social condition of its people.

Graves's Practice.—The publisher must not think us remiss in noticing the American edition, which he politely sent some weeks since. It is in the process of being analyzed, and when we have ascertained all its claims as well as defects, a special notice will be given, with reference to these two points.

New Work on the Teeth.—At an hour too late for a more extended notice, we received by mail a treatise entitled "A Physiological and Pathological Inquiry concerning the physical characteristics of the Teeth and Gums; the salivary calculus; the lips and tongue, and the fluids of the mouth, together with their respective local and constitutional indications. By C. A. Harris, M.D."

Death by Irritation.—From the Boston Atlas we learn that Henry Cooledge, of Framingham, Mass., recently died under the following singular circumstances. Having shaved the face of his dead father, he soon after used the same razor in shaving himself. Although the father had died a natural death, and nothing remarkable had been observed in the manner of his decease, the face and head of the son began to swell almost immediately after having finished the operation of shaving, and he was himself soon a corpse. The absorption of virus from the dead body, if introduced on the edge of the instrument into the system of the son, seems not to have been there sufficiently long to have circulated, and his death is to be imputed, therefore, according to the writer in the Atlas, to irritation.

Common Soap as a Remedy for Burns. By Thos. Williamson, M.D., Edinburgh.—In cases of burns, common soap, besides its great value as a local application, commands the additional advantage of always being at hand in cases of emergency. The mode in which I am in the habit of employing it is this:—A common shaving box may always be procured, from which a good lather may, in the course of a minute or two, be easily obtained. This lather is then gently laid over the burnt surface by means of a shaving brush, and repeated so soon as the first coat begins to dry, or the pain return. This practice ought to be repeated occasionally during the first day, or until such time as the pain is relieved. The benefit accruing to the patient is *immediate*, and the result of the practice highly satisfactory; for in more superficial burns, if early applied, vesication is prevented, and, in the course of a few days, desquamation of the cuticle follows, without leaving a raw surface. Of course, this, as a remedial measure, is most applicable to superficial burns; but even in such cases as involve destruction of the more deep tissues, it is not used without advantage, in so far as the personal comfort of the patient is concerned. In such cases, after the lapse of a few days, the crust formed by the soap is easily removed, so as to permit the employment of other remedies, if necessary. I am not prepared to say whether the benefit and instantaneous relief, following the application of the lather, are to be ascribed to its chemical composition, or simply to the fact of its affording some degree of protection from atmospheric agency, or both.—*London Med. Gaz.*

Iodide of Potassium. By JAMES C. L. CARSON, M.D.—The perusal of the article "Iodide of Potassium," in Pereira's Materia Medica, brings to my recollection a case which occurred in my practice about three years ago. I ordered a gentleman three grains of iodide of potassium in a draught of peppermint water, three times a day. When he had taken the medicine three times he felt poorly; and in the course of an hour after the fourth dose he was attacked with a violent shivering fit, followed by intense headache, heat of skin, constant thirst, quick and very full pulse, and vomiting and purging at the same time. These symptoms were succeeded by great prostration of strength. Notwithstanding the exhibition of demulcents and opiates the purging lasted for several days. The effects of the medicine in this case were so violent that I have little doubt, that if he had taken another dose, his life would have been forfeited. This is the only instance, which I have seen, of the iodide of potassium producing unpleasant effects in doses under ten grains.—*Ibid.*

Medical Miscellany.—Mr. J. S. Grimes is lecturing at Montpelier, Vt., on phrenology. An editorial notice says that he is the author of a new system of phrenology, "differing from that of Spurzheim." O! the quackery of the age!—Nothing more on animal magnetism is admissible into this Journal, unless it comes from a more respectable source than the Collyer exhibitions. The gentleman, therefore, who forwarded a narrative from Portland, must not feel himself neglected on any other account. —Smallpox has appeared in the neighborhood of Woodstock, Vt.—One of the jurors on the trial of the celebrated McLeod, was Dr. Edmond Allen—thus showing that the law has no objections to a physician as a juryman, although the vulgar notion is extensively entertained that medical men are not permitted to act in that capacity.—Yellow fever was on the increase, by the last accounts, at Vicksburg—many new and fatal cases were developed within a few hours of each other. The same disease still exists at New Orleans, but lessened in malignity.—The Military Hospital of Rome has been placed under the direction of the revised institution of St. John of Jerusalem.—At Val de Grace, Paris, a bronze statue of Broussais was erected and dedicated, Aug. 21.—According to the New York

Medical Gazette, the Fellows of the Royal Academy of Medicine are so noisy that the President is obliged to make a racket, officially, with a great bell, to preserve order. The same Journal speaks of the endermic method of using quinine, in Italy.

Married,—At Hanover, N. H., on the 8th ultimo, Arnold Morgan, M.D., of Hartland, Vt., to Miss Frances S. Beedy, of Hanover.—At Northampton, Mass., Dr. Samuel Sanstead, to Miss H. Butler.

Died,—At New Hartford Conn., Dr. Calvin Cooke, 36.—At Vicksburg, by yellow fever, Dr. King.—At Coventry, Conn., Dr. Daniel Avery, 80.—At Burlington, Dr. Robert Moody, who was instantly killed by being thrown from his carriage.

Number of deaths in Boston for the week ending October 23, 38.—Males, 23; Females, 15. Stillborn, 2. Of consumption, 5—accidental, 1—typhus fever, 4—debility, 3—dysentery, 1—bronchitis, 2—marasmus, 3—fits, 2—inflammation of the bowels, 3—canker, 1—lung fever, 1—old age, 1—dropsy in the head, 2—cholera infantum, 1—scarlet fever, 1—inflammatory fever, 1—dropsy, 1—disease of the kidneys, 1—infantile, 1—unknown, 1.

ONE MEDICAL STUDENT,

Of correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office. O 20—3t*

Boston, October 18, 1841.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

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MEDICAL INSTRUCTION.

The undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructers.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by - - - - -	Dr. Bowditch.
Materia Medica and Chemistry, by - - - - - - -	Dr. Wiley.
Theory and Practice of Medicine, by - - - - - -	Dr. Shattuck.
Descriptive and Practical Anatomy and Surgery, by - -	Dr. Parkman.

Rooms for study, fuel, and light, free of expense.

For terms, apply to S. Parkman, M.D., 196 Tremont street.

H. I. BOWDITCH. G. C. SHATTUCK, JR.
H. G. WILEY, S. PARKMAN.

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MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

Samuel George Morton, M.D., Anatomy and Physiology.
George M'Clellan, M.D., Surgery.
William Rush, M D., Principles and Practice of Medicine.
Robert Montgomery Bird, M.D., Institutes of Medicine and Materia Medica.
Samuel M'Clellan, M.D., Obstetrics, and the Diseases of Women and Children.
Walter R. Johnson, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

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S. G. MORTON, M.D., *Dean.*

MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

		Fees.
Anatomy and Operative Surgery, by - -	Dr. Warren,	$15,00
Midwifery and Med. Jurisprudence, by - - -	Dr. Channing,	10,00
Materia Medica, by - - - - - - -	Dr. Bigelow,	10,00
Principles of Surgery and Clinical Surgery, by -	Dr. Hayward,	10,00
Chemistry, by - - - - - -	Dr. Webster,	15,00
Theory and Practice of Physic and Clinical Medicine, by	Drs. Ware and Bigelow,	15,00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months. WALTER CHANNING, Dean.

Boston, August 21, 1841. S 1—eptN

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1841—42.

The regular Lectures will commence on the first Monday of November.

Robley Dunglison, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
Robert M. Huston, M.D., Professor of Materia Medica and General Therapeutics.
Joseph Pancoast, M.D., Professor of General, Descriptive, and Surgical Anatomy.
J. K. Mitchell, M.D., Professor of Practice of Medicine.
Thomas D. Mutter, M.D., Professor of Institutes and Practice of Surgery.
Charles D. Meigs, M.D., Professor of Obstetrics and Diseases of Women and Children.
Franklin Bache, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been *recently* added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M D., *Dean of the Faculty.*

UNIVERSITY OF NEW YORK—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

Valentine Mott, M.D., Professor of Surgery.
Granville Sharp Pattison, M.D., Professor of Anatomy.
John Revere, M.D., Professor of Theory and Practice of Medicine.
Martyn Paine, M.D., Professor of the Institutes of Medicine and Materia Medica.
Gunning S. Bedford, M.D., Professor of Obstetrics and Diseases of Women and Children.
John W. Draper, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to $105. Matriculation fee, $5. Respectable board and lodging can be obtained at from $2,50 to $3,00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a **Surgical Clinique** has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,
Jy 28—eoptN1 *Secretary to the Faculty.*

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

Alden March, M.D., Prof. of Surgery.
James M'Naughton, M.D., Prof. Theory and Practice of Medicine.
T. Romeyn Beck, M.D., Prof. Materia Medica.
Ebenezer Emmons, M.D., Prof. Obstetrics and Natural History.
Lewis C. Beck, M.D., Prof. Chemistry and Pharmacy.
James H. Armsby, M.D., Prof. Anatomy.
Thomas Hun, M.D., Prof. Institutes of Medicine.
Amos Dean, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, $70. Graduation fee, $20. Matriculation fee, $5. Boarding from $2 to $3,50 per week.

ALDEN MARCH, M.D., *President of Faculty.*
Aug. 11—6w J. H. ARMSBY, M.D., *Registrar.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.